

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG 21 PM 4:09

DOCUMENT # P01000093655

1. Corporation Name

Stephanie Bromfield-Warnell + Associates, Inc.

REINSTATEMENT

02-03

2. Principal Office Address

474 SW 159 Lane

Suite, Apt. #, etc.

3. Mailing Office Address

12289 Pem Rd #

Suite, Apt. #, etc.

#178

City & State

Pem Pines FL

City & State

Pembroke Pines FL

33027

Country

US

Zip

33025

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

2 Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Stephanie Bromfield Warnell

Street Address (P.O. Box Number is Not Acceptable)

474 SW 159 Lane

Suite, Apt. #, Etc.

City

Pem Pines

State

FL

Zip Code

33027

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Stephanie B Warnell

REGISTERED AGENT MUST SIGN

Date

8-14-03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Stephanie Bromfield-Warnell	474 SW 159 Ln.	Pem Pines, FL 33027
	N/A		

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Stephanie Bromfield Warnell 8-13-03 954442

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0082
8/24